

Name
in
Full

James Wilson Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

PHYSICIAN
OR CORONER

Died at

Town

County

Yowen Creek

St Mary's

Date
of death

Month

Day

Years

Month

Days

1904 Aug

30th

Age

23

Sex

Color or
Race

Black

Birth-
place

St Mary's Co.,

Occupation

Laborer

Where Residing if not
at place of death

Yowen Creek

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm Barber

Father's
Birthplace

St. Mary's Co.,

Mother's
Maiden Name

Catherine Milard

Mother's
Birthplace

St. Mary's Co.,

Name of person giving
Information

Brother

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

1

X

How long

4 weeks

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

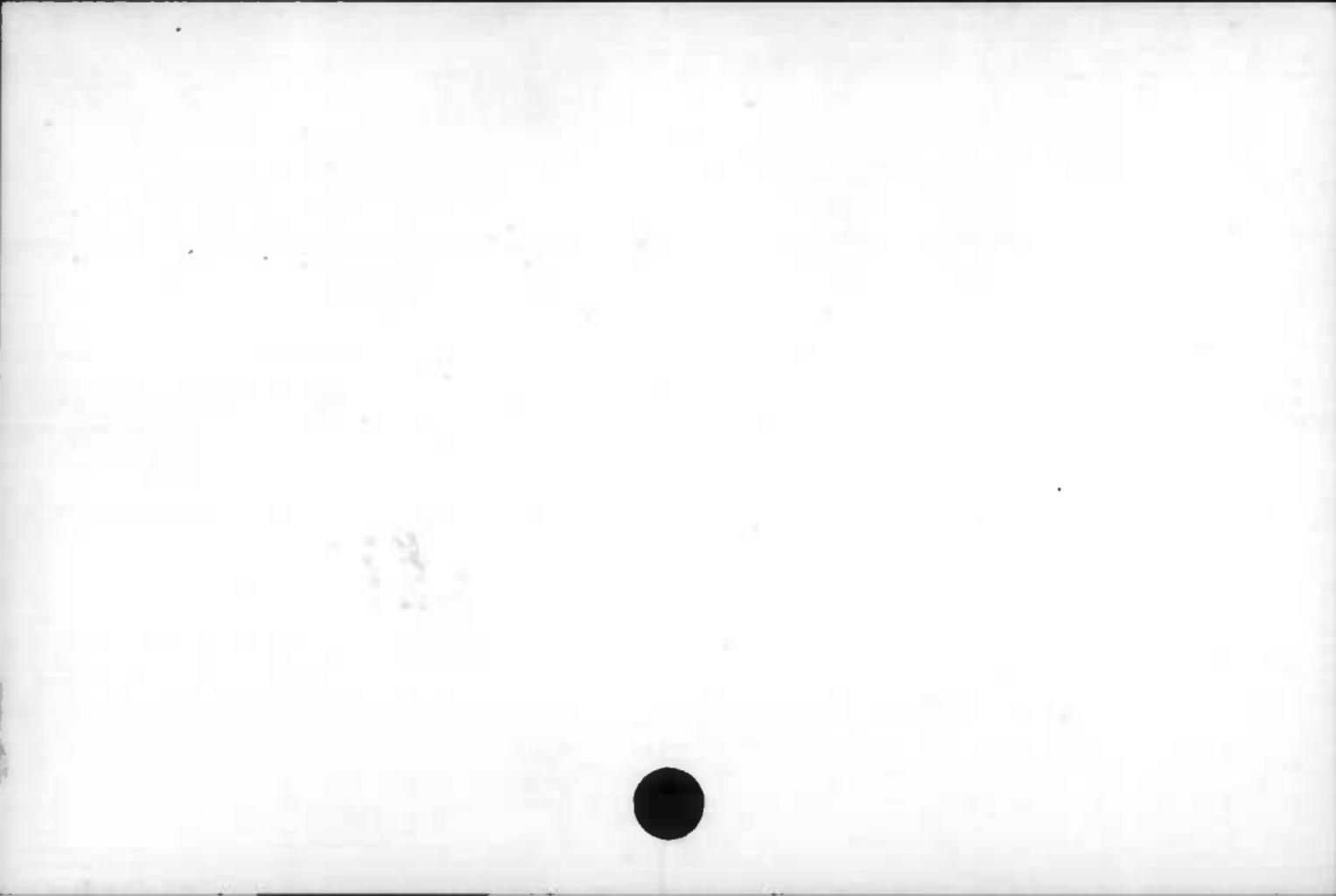
yes

Signature of
Physician

Address

Henry Richardson, M.D.
Great Mills,
St. Mary's Co., Md.

Accident or Suicide



Name
in
Full

Isabell J. Combs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

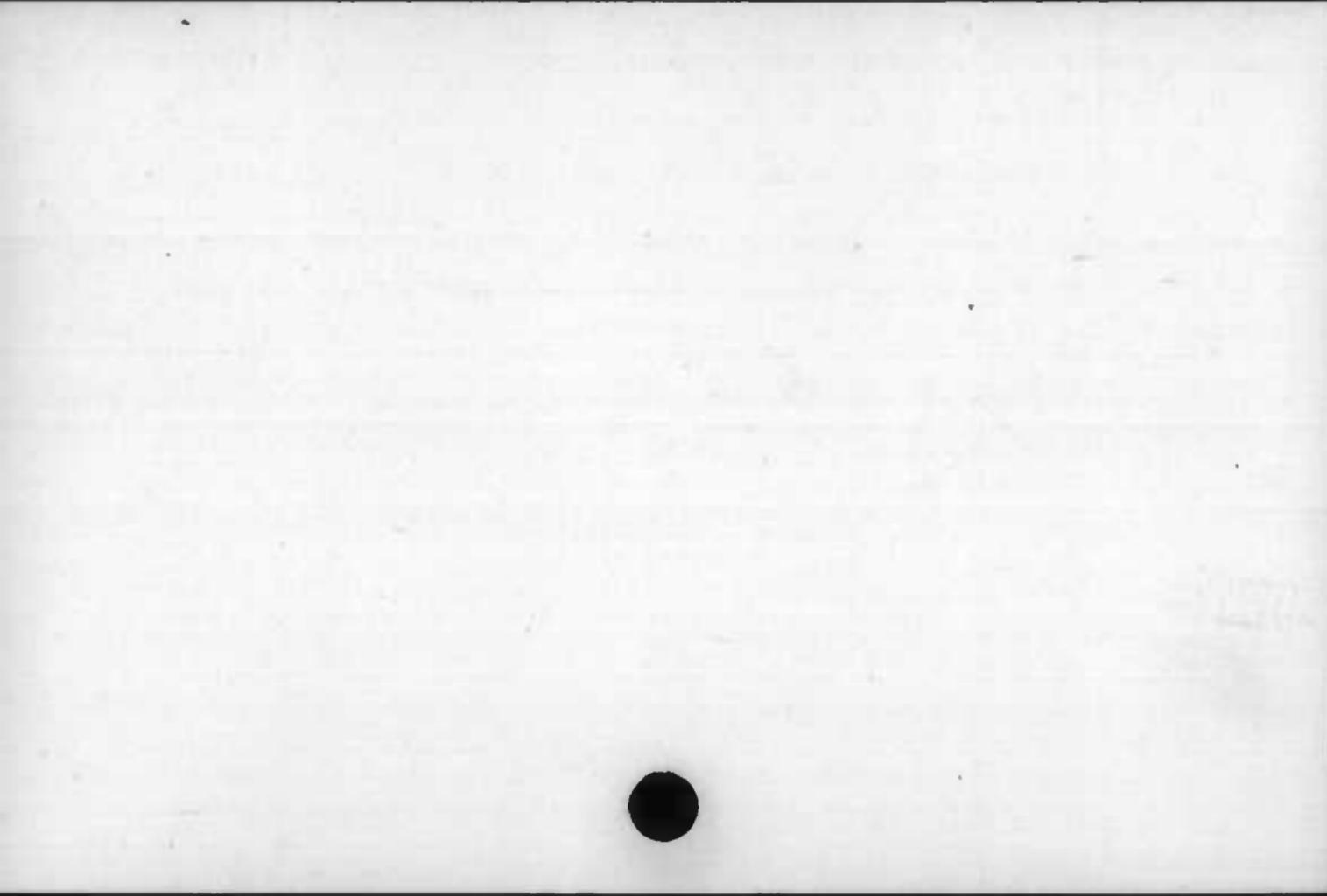
Died at		Town	County				
Date of death	1909	Month Aug	Day 22	Age 2	Years	Months 11	Days -
Sex	Female		Color or Race	White		Birth-place	St. Marys
Occupation	Where Residing if not at place of death						

Married, Single or Widowed	Name of Wife or Husband
Father's Name	Frank J. Combs
Mother's Maiden Name	Sue Isabell
Name of person giving Information	Dr. C. Mattingly

CAUSES OF DEATH	
Primary	Enteritis & Pneumonia
Immediate	Pneumonia
How long	

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Address	St. Marys
Accident or Suicide?	Leonardtown Md.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Vincent & Paul Combs

County

MARYLAND

Died at ~~new~~ Great Mills

St. Marys

Date of death 1909 Month Aug Day 14

Age 1 Years

Months 7

Days —

Sex Male

Color of Race

white

Birthplace

Occupation

Where Residing if not
place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

George E. Combs

Father's Birthplace

St. Marys

Mother's Maiden Name

Lucy E. Combs

Mother's Birthplace

Name of person giving
Information.

Rev. S. Combs

How related
to deceased

father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

105

How long

2 weeks

Immediate

Meningitis

How long

36 hours

Are the name, age, sex, color, date,
and place correctly given above?

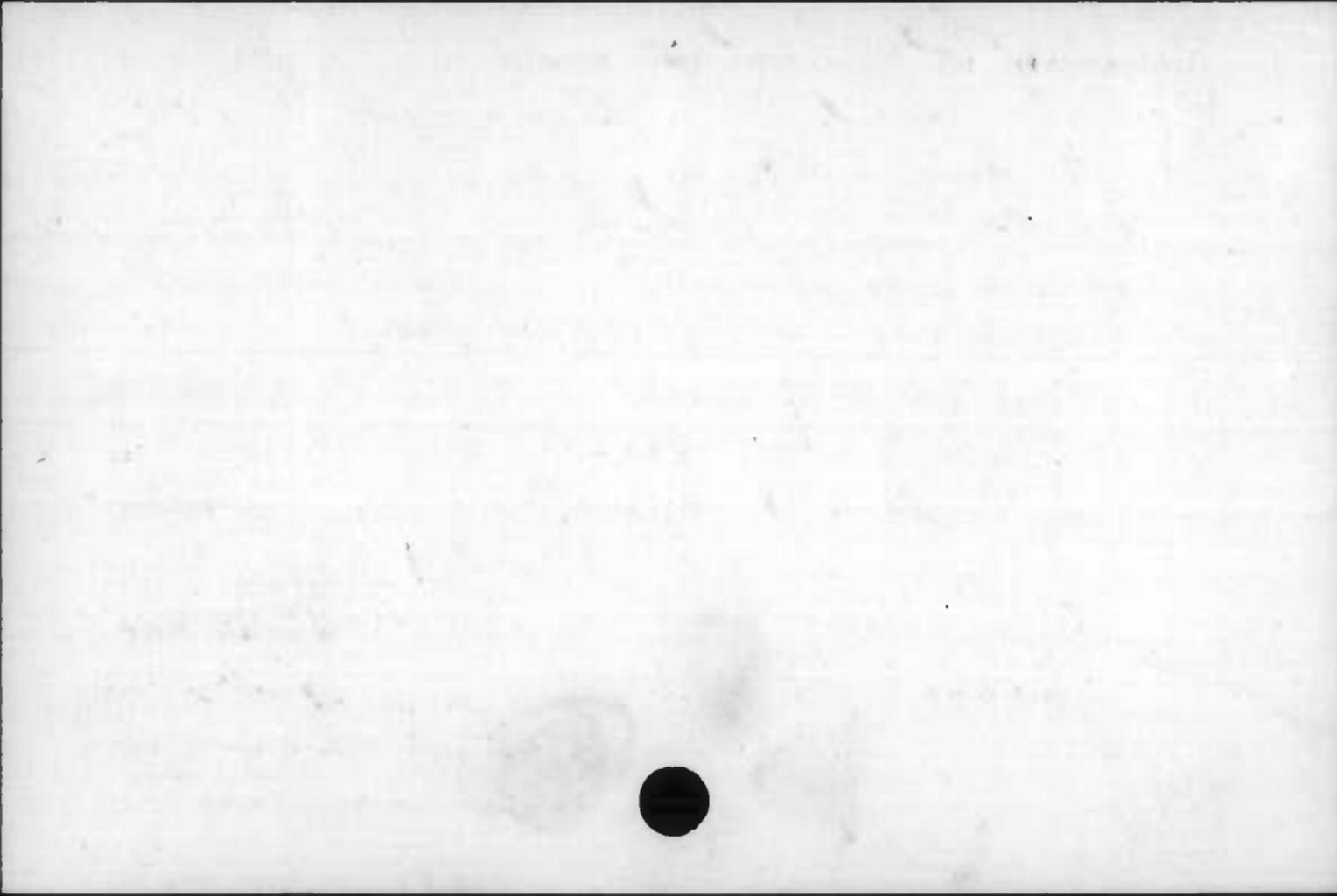
yes

Signature of
Physician

Address

F. H. Greenwell
Somerscourt
Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louisa Guy

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month Aug	Day 22	Years 81	Months	Days	
Sex	Female	Color or Race	white	Birth-place	St. Mary's Co.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Thos P. Guy		Father's Birthplace	Belvoir	
Father's Name	Unknown				Mother's Birthplace	Belvoir	
Mother's Maiden Name	Unknown				How related to deceased	Grandson	
Name of person giving information	Thamillus Guy				64	How long	
CAUSES OF DEATH							
Primary	6 years						
Immediate	6 days						
Are the name, age, sex, color, date and place correctly given above?	Yes						
Signature of Physician	F. P. Greenwell						
Address	Leonardtown						
Accident or Suicide?	Ind						

